

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

516

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Florissant**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Jewish Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**845 Borgia Lane**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First **VIOLA**

Middle **VIRGINIA**

Last **WATSON**

## 4. DATE

Month Day Year

DEATH **Jan. 14, 1963**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**1-25-05**

## 9. AGE (last birthday)

**57**

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

## 10b. KIND OF BUSINESS OR INDUSTRY

**xx**

## 11. BIRTHPLACE (City and state or country)

**Clifton Forge, Virginia USA**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Augusta G. Shepherd**

## 13b. MOTHER'S MAIDEN NAME

**Mildred**

## 14. NAME OF HUSBAND OR WIFE

**Deceased**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Year, or unknown) (If yes, give war or dates of service)

**No**

## 17. INFORMANT

**Nancy Mauzy, 845 Borgia Lane, Florissant, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Acute Myocardial Infarction**

## INTERVAL BETWEEN ONSET AND DEATH

#### DUE TO (b)

**Coronary Thrombosis**

**10 hrs**

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Diabetes Mellitus**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **1/14/63** to **1/14/63** and last saw her alive on **1/14/63**  
Death occurred at **9:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Murray Chubbey M.D.**

## 22b. ADDRESS

**6223 Nat. Budge**

## 22c. DATE SIGNED

**1/16/63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**1-18-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis Co., Mo.**

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

**The Florissant Mortuary, Florissant, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**JAN 17 1963**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

1

3

4 1

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12 64-0

13

64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gene A. Hutchinson*

Licensed Embalmer No. 4466

P. O. Address Phoenix, AZ, 1160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.